



DHCF

Medical Care Advisory Committee

Meeting

January 25, 2023

Government of the District of Columbia

Department of Health Care Finance

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Agenda



- 1. Call to Order**
- 2. Introductions**
- 3. Q&A on Medicaid Program Update**
 - a. Perinatal Mental Health Taskforce
 - b. SPA, Waiver, Rule Update
 - c. Enrollment Report
- 4. MCAC Discussion**
 - a. MCO Update
 - b. DSP Wages
 - c. Unwinding PHE and Returning to Normal Operations
 - i. PHE Unwinding Plan
 - ii. Communication and Messaging
- 5. Subcommittee Updates**
 - a. Eligibility and Enrollment (Eric Scharf)
 - b. Access (Robert Hay)
 - c. Long Term Services and Supports (Veronica Sharpe)
 - d. Health Care Re-Design (Marie Morilus-Black)
- 6. Announcements and Public Comments**



Introductions

- **MCAC Members**
- Medicaid Leadership Team
- Other Key Staff



MCAC Members



MCAC Membership and Terms

Name	Advocate/ Beneficiary; Provider	Affiliation	End of Term
Finch, Alexander	Advocate/Beneficiary	Family Member of Beneficiary	9/30/2023
Oruh, Chioma	Advocate/Beneficiary	Chi Bornfree, LLC	9/30/2023
Morilus-Black, Marie	Provider	MBI Health Services	9/30/2023
Sharpe, Veronica Damesyn	Provider	District of Columbia Health Care Association	9/30/2023
Smith, Tamara	Provider	District of Columbia Primary Care Association	9/30/2023
Scharf, Eric	Advocate/Beneficiary	Depression and Bipolar Support Alliance	9/30/2024
Vessels, Angela	Advocate/Beneficiary	n/a	9/30/2024
Hay, Robert Jr.	Provider	Medical Society of the District of Columbia	9/30/2024
Henson, Beth Anne	Provider	The Henson Group, LLC	9/30/2024
Palmer, Justin	Provider	DC Hospital Association	9/30/2024
Avent, Gail	Advocate/Beneficiary	Total Family Care Coalition	9/30/2025
Barry Brauth	Advocate/Beneficiary	n/a	9/30/2025
Hoffmam, Sarah	Advocate/Beneficiary	Child Health Advocacy Institute	9/30/2025
Wolf Stanton, Abigail	Advocate/Beneficiary	The Elder & Disability Law Center	9/30/2025
Holmes, Kirk	Provider	Therapeutic Sessions	9/30/2025



Ex-Officio MCAC Members



Agency	Representative
Department of Aging and Community Living	Garret King
Department of Behavioral Health	Dr. Barbara Bazron
Department of Disability Services	
Department of Health	Dr. Sharon Lewis
Department of Health Care Finance	Melisa Byrd
Department of Human Services	Anthea Seymour
District of Columbia Public Schools	Amy Maisterra
Office of Health Care Ombudsman	Maude Holt
Office of the State Superintendent of Education	Tia Brumstead



Introductions

- MCAC Members
- **Medicaid Leadership Team**
- Other Key Staff



Medicaid Leadership



Melisa Byrd
Senior Deputy Director and
Medicaid Director
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Angelique Martin
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Eugene Simms
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Lisa Truitt
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Kate Christopherson
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Kelli Stevens
Executive Assistant
Office of Deputy Director
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Introductions

- MCAC Members
- Medicaid Leadership Team
- **Key MCAC Staff**



Key MCAC Staff



DaShawn Groves, DrPH
Special Projects Officer
Office of State Medicaid Director
MCAC Liaison
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Jordan Kizla
Project Manager
Health Care Reform and Innovation Administration
Health Care Re-design Subcommittee Liaison
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Leyla Sarigol
Project Manager
Long Term Care Administration
Long Term Services and Supports
Subcommittee Liaison
leyla.sarigol@dc.gov



Taylor Woods
Special Projects Officer
Health Care Policy and Research Administration
Eligibility and Enrollment Subcommittee Liaison
taylor.woods2@dc.gov



DHCF Program Update

- **Perinatal Mental Health Task Force**
- See SPA, Waiver, Rule Report
- See Monthly Enrollment Report



Perinatal Mental Health Task Force



- Task Force members have accepted on January 6th
 - Looking for Doula to serve on the Task Force
- First meeting will be held on January 31st 4-5 pm
 - <https://dcnet.webex.com/dcnet/j.php?MTID=m92d887ec76670edcf64d92a47eccfe40>
- For updates, please visit
 - <https://dhcf.dc.gov/publication/perinatal-mental-health-task-force>
- To be added to the listserv, please contact DaShawn Groves at dashawn.groves@dc.gov



MCAC Discussion

- **MCO Update**
- DSP Wages
- Unwinding PHE and Returning to Normal Operations
 - PHE Unwinding Plan
 - Communications and Messaging



MCO Update



- New contracts have been awarded to:
 - Amerigroup,
 - AmeriHealth Caritas DC, and
 - MedStar Family Choice DC
- Led by DHCF, the readiness period is underway for the April 1, 2023, start date
 - Systems testing
 - Provider credentialing
 - Data sharing
- Medicaid managed care members will be notified of program changes in March
- Continuity of care/transition period is 90 days or from April 1 – June 30



MCAC Discussion

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- **DSP Wage**
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DSP Financial Support Was Established through DC B23-0214 Legislation



Goal: The District will financially support the cost of paying eligible DSP's a wage 17.6% more than the living wage/minimum wage, including fringe and administrative cost

DC B23-0214 was amended during the FY23 Budget Formulation process to:

- Expand the workforce of DSP's to include HCBS services
- Establish the timeframe for the District to implement the change within the provider rate by 2025
- Establish requirement that Providers must use funds to pay DSP's enhanced living wage salaries

Next Steps:

- Establish the Rule
- Submit SPA to include State Plan services that will be eligible (ie BH Rehab services, ASARS and ADHP)



Key Decision Points To Support DSP Enhanced Wage



- **FY2023-** DHCF will provide a supplemental payment to support a DSP enhanced wage at an average of 10% (towards the 17.6% by FY2025)
 - ❑ **Calculation is based on three factors:**
 1. Living Wage Rate effective January 1, 2023- \$16.50
 2. Allotment is based on the # of DSP's and their current rate of pay
 3. Inclusion of Fringe and Administrative cost based on Industry Rate methodology
 4. Rate assumes a 5% vacancy factor
 - ❑ **Funds will be issued no later than February**
 1. Providers will be expected to determine how they will achieve the average of 10% of LW during CY2023 across their DSP staff
 2. Providers are required to pay employees the determined rate retro to January 1, 2023
 3. For providers that have not submitted their DSP data to DHCF, we will continue to accept the information to provide the supplemental payment based on submission; however, the January 1 effective date still holds true as the date providers are required to pay the enhanced rate
 4. **Discussion**
- **FY2024-** DHCF will provide a supplemental payment to support a DSP enhanced wage at an average of the full 17.6% (adding the additional 7.6%)



Who is Eligible?



Am I Eligible As a Provider?

- Must be a Medicaid-enrolled provider organization that provides HCBS services through the following HCBS Medicaid provider types:
 - Home Health, Adult Day Health, Rehabilitation Behavioral Health, Supported Employment, Home Maker, Chore Aide, Residential rehab, Day and Employment Services, Assisted Living, Supported Living, Host Home, In-Home Support, Respite, Companion Services

Am I Eligible As an Employee?

- Must work in one of the above HCB settings
- Provide direct care services to a beneficiaries for at least fifty percent (50%) of their work hours at the qualified organization;
- Be reimbursed at an hourly wage that is at or near the District of Columbia Living Wage or the District of Columbia Minimum Wage;
- Have a salary/wage which is reimbursed by a DC Medicaid service with a rate model that incorporates the District of Columbia Living Wage or District of Columbia minimum wage
- Cannot be a person contracted through contract or staffing agency

Let's stop here and address any questions or concerns (5 minutes)



MCAC Discussion

- MCO Update
- DSP Wages
- **Unwinding PHE and Returning to Normal Operations**
 - **PHE Unwinding Plan**
 - **Communications and Messaging**



After A Three-Year Pause, Medicaid Eligibility Recertification Will Restart Effective April 1, 2023



- The Consolidated Appropriations Act, 2023 was enacted on December 29, 2022.
- This legislation decouples the continuous enrollment requirement and receipt of increased FMAP from the federal PHE declaration; Allowing states to restart redeterminations starting 4/1/23 and terminate those who are no longer eligible
 - Sec. 5131:
 - Sets an end date for the FFCRA Medicaid continuous coverage requirement of 3/31/23
 - From 4/1/23 through 12/1/23, gradually phases down the enhanced FMAP
- Other programmatic changes remain tied to the federal PHE declaration and will continue (e.g. enhanced provider rates)
 - January 11, 2023: The PHE was renewed; expected to last for a full 90 days.
 - February 10, 2023: Date by which 60-day advance notice must be issued if this renewal is the final renewal. If no notice is issued by this date, assume another PHE renewal will be coming.
 - April 11, 2023: The new potential end date of the PHE.



What Is Different For Medicaid Eligibility After 3 Years?



- Highest Medicaid enrollment in program's history
 - Enrollment grew 20% from 254,000 beneficiaries in February 2020 to 304,000 beneficiaries at the end of 2022
 - Some beneficiaries have never recertified eligibility
- More ways to apply / renew benefits
 - District Direct online portal
 - Mobile App
- New rules-based eligibility system
 - Impact on the Non-MAGI population
- New partner portal for long-term care (LTC) providers
 - Single online source for LTC applications
 - Go-live in February 2023
- ESA Medicaid Branch detailed to DHCF
- Medicaid Managed Care program expanded, providing care coordination to more Medicaid beneficiaries
 - Important when considering outreach opportunities



Restarting Medicaid Eligibility Operations Is A Significant Undertaking



- Planning and operationalizing the restart is the focus of the next 3-5 months but...
- The implementation period is on-going through May 2024
- Returning to normal eligibility operations is not in isolation – DHCF’s day to day work continues, including work towards meeting major milestones
 - PACE program implementation
 - MCO contracts implementation
 - Carve-in of behavioral health services to managed care



Planning For The Restart Has Been Underway For At Least Two Years But Without A Date Certain, No Plans Were Final



- The Consolidated Appropriations Act of 2023 provides a date certain *but* it also establishes some new requirements
 - April 1, 2023, start date allows us to finalize plans (with caveats)
 - Initial CMS guidance issued in early January
 - More CMS guidance to come in the next few weeks
- As we finalize plans, we will build on existing resources
 - Staff augmentation (eligibility staff, DCAS staff)
 - Vendor contract modifications



Milestone Activities for Returning to Normal Operations

Planning

Finalize Operations and Communications Plans

JANUARY

Outreach

Town halls (beneficiaries, providers)
Advertising
First notices to beneficiaries

MARCH

Routine Operations

First disenrollment for non-eligible beneficiaries (May 31st)

MAY

Communication

Issue Operations Plan,
Communications Tool Kit

FEBRUARY

Go Live

Bi-Weekly Community Stakeholder Calls
Notices to beneficiaries

APRIL

1/25/2023



Guiding Principles for Returning to Normal Eligibility Operations



- Maintaining enrollment and limited disruption of access to service for beneficiaries who remain eligible for Medicaid
- Timely and efficient processing of all pending Medicaid renewals and determinations
- Keeping beneficiaries within their current recertification period; and
- Adequate distribution of eligibility redetermination workload to ensure functioning eligibility processing infrastructure



Unwinding from the Continuous Enrollment Requirement – Options for States



CMS requires that states:

- Should begin renewals in the month before, of, or after the month in which the continuous enrollment condition ends (depending on chosen unwinding option: A,B,C)
- Must **initiate** renewals for all individuals enrolled as of the last day of the continuous enrollment condition within 12 months
- Must **complete** renewals for individuals enrolled as of the last day of the continuous enrollment condition within 14 months.

- The District is an Option C State, meaning:
 - **60-day** notices sent to **MAGI** populations **end of March**; If no response (or determined not eligible), eligibility will end **May 31** resulting in first sets of **MAGI** drops **June 1**
 - **90-day** notices sent to **Non-MAGI** populations **end of March**; If no response (or determined not eligible), eligibility will end **June 30** resulting in first sets of **Non-MAGI** drops on **July 1**
 - This will continue throughout the 14-month unwinding period

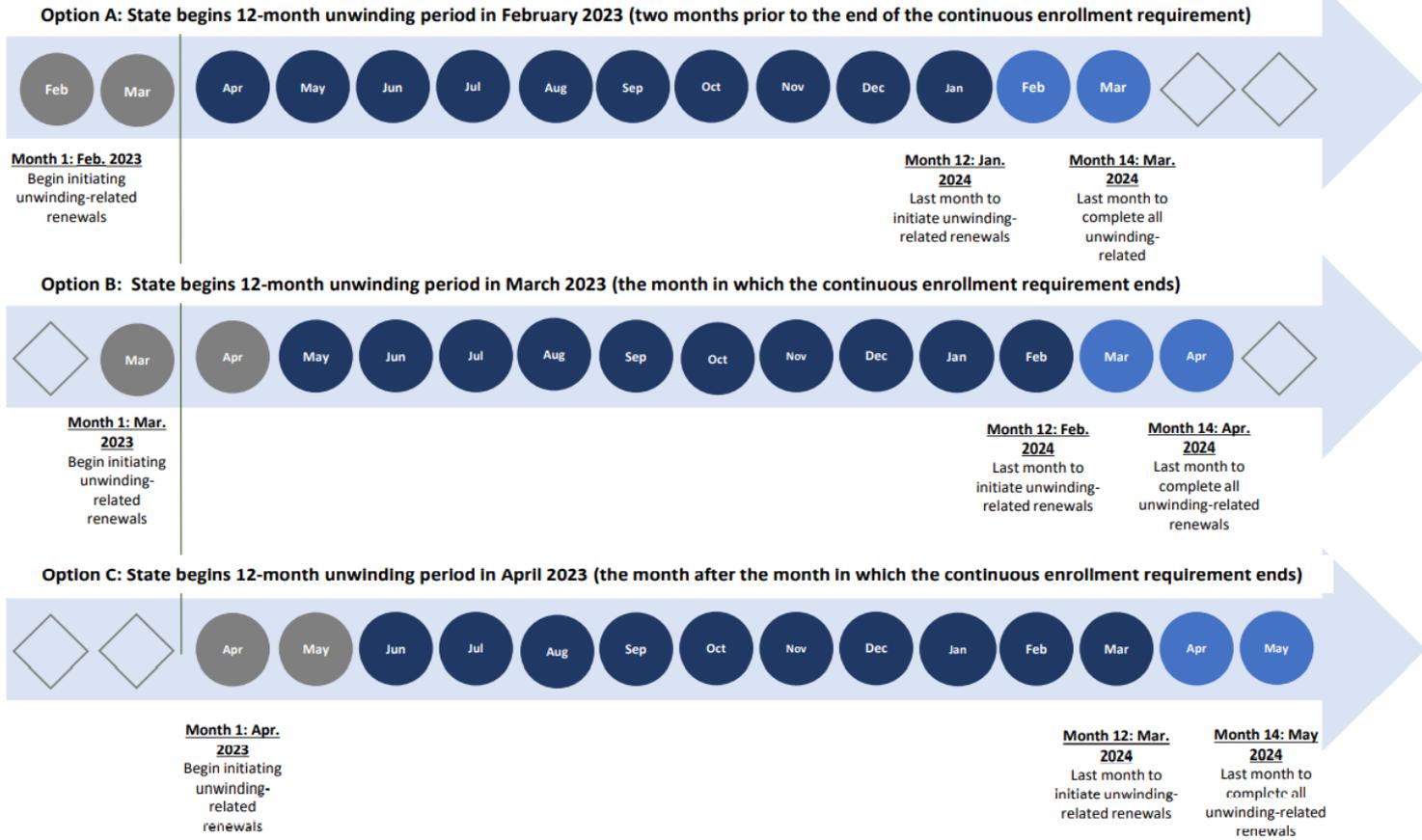


Example 1: Unwinding Timeline for States with a 60-day Renewal Process:



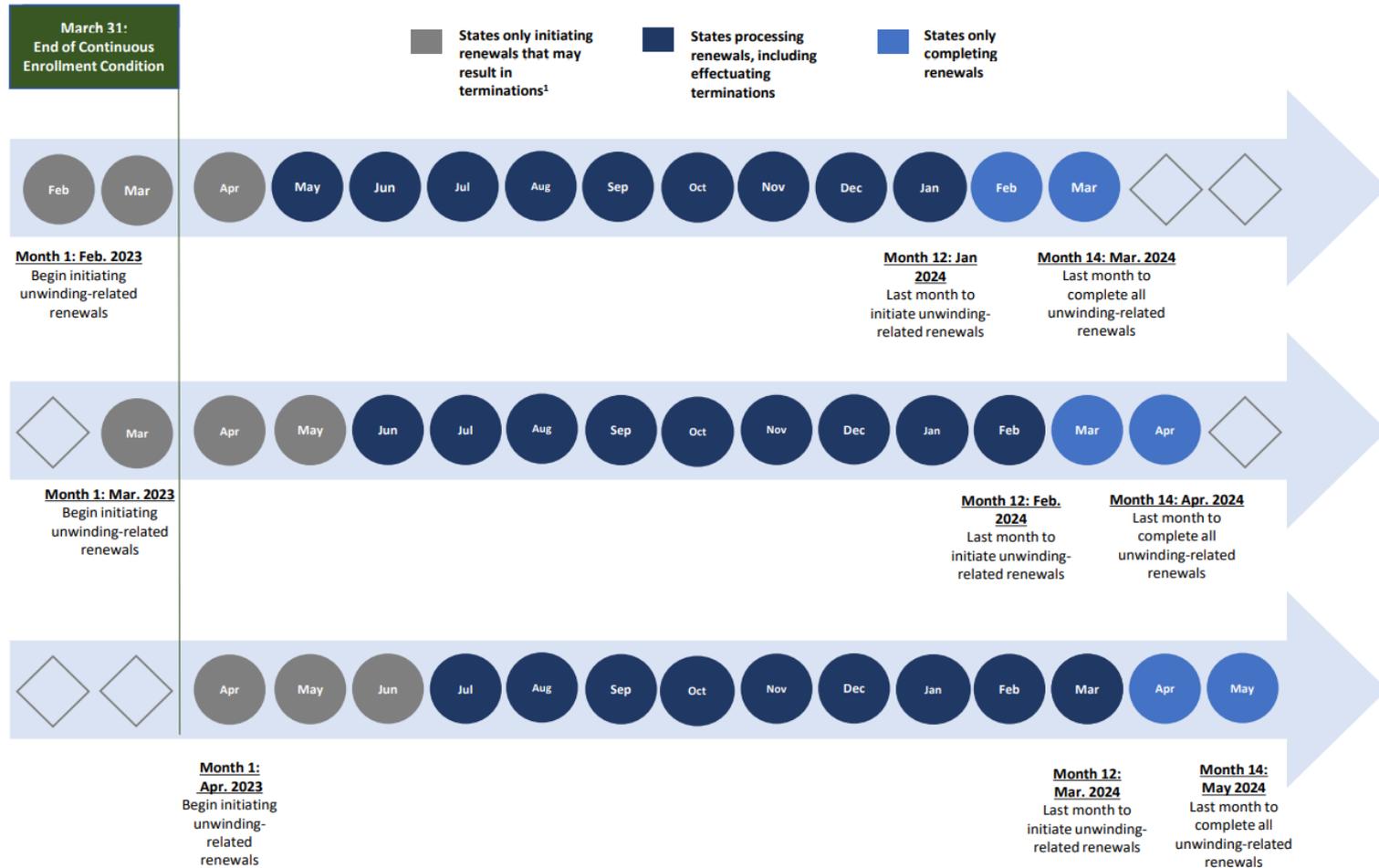
March 31:
End of Continuous Enrollment Condition

States only initiating renewals that may result in terminations¹
 States processing renewals, including effectuating terminations
 States only completing renewals





Example – Unwinding Timeline for State with a 90-Day Renewal Process





States Are Required To Conduct A Renewal Of Every Beneficiary Enrolled In Medicaid Before Taking Any Adverse Action On Medicaid Eligibility



- States Are Required to Create and Submit a Renewal Distribution Plan to CMS by February 15th
- CMS requires states to submit a report to summarize their plans for initiating the renewals for the total caseload throughout the 14-month period.
- CMS asked that no single month have more than 1/9th of their caseload up for renewal without explanation.



Renewal Plan Must Balance The Need To Distribute Renewals Across A 12 Month Period With The Need to Prioritize Renewals For Beneficiaries Likely No Longer Eligible



- Renewals will be completed a time approach based on the recertification end date
 - This helps avoid the “pig in the python” scenario of having a lot of renewals due in one month and few to no renewals in another month
- The plan priorities completion of renewals for a few groups in the earlier phase of the unwinding period groups
- Prioritize completion of renewals for beneficiaries who are only still eligible due to PHE (3-8 months of the unwinding period)
 - Important to note that this group will be entirely non-passive renewals
- For Long-Term Care (LTC), the plan is to prioritize the population still in LTC who haven't met LOC in the early months of the unwinding.(immediately after continuous enrollment ends)



DHCF Expects Some Beneficiaries Will No Longer Be Eligible For Benefits



- Assume that overall Medicaid enrollment will decrease by more than 10% during the 12-month recert period
- DHCF will provide a month-by-month breakdown on number of individuals due for certification (required by CMS)
- While all Medicaid beneficiaries will go through the renewal process, the majority will be passive
 - Pre-PHE, passive renewal rate was 82% for MAGI population
- Most Medicaid beneficiaries (78%) have used a service since January 2022
 - 76% of MAGI beneficiaries
 - 87% of Non-MAGI beneficiaries



Upcoming Focus Areas for Unwinding Efforts



- Finalize Staffing and Operational Needs
- Finalize and Issue DHCF Operations Document
 - Guiding document
- Finalize Eligibility Restart Communication Plan and Issue Communication Toolkit
- Completion and submission of Renewal Distribution Plan to CMS by 2/15/2023
- Revise Verification Plan and Update Transmittals
- System Readiness



Subcommittee Reports

- Eligibility and Enrollment
- Access
- Long Term Services and Supports
- Health Care Re-Design



Eligibility and Enrollment



The Eligibility and Enrollment Subcommittee covers all aspects related to eligibility for and enrollment in DHCF-provided health programs, providing multiple avenues to ask questions and provide comments during the group's meetings.

- Chair: Eric Sharf
- Staff Liaison: Taylor Woods
- Meets the 3rd Wednesday of every other month 3:00 pm - 4:30 pm
- Next Meeting: March 15th



Access



The scope of the Access Subcommittee is to: 1) Provide feedback on DHCF's ongoing efforts to enhance beneficiary and provider input; 2) Alert DHCF to emerging access issues for particular providers or beneficiary groups; and 3) Alert DHCF to any other efforts to study or monitor access to health care in the District.

- Chair: Robert Hay
- Staff Liaison: Lisa Truitt
- Meets the 2nd Wednesday of every other month from 9:30 am - 11:00 am
- Next Meeting: February 8th



Long Term Services and Supports



The mission of the Long Term Services and Supports Subcommittee is to enhance long term services and supports for Medicaid beneficiaries so that they can age in the community safely and with dignity. It does this by examining and making recommendations on a range of current issues facing District residents who need long term services and supports and the providers that deliver them.

- Chair: Veronica Sharpe
- Staff Liaison: Leyla Sarigol
- Meets 2nd Wednesday of every month 12:00 pm - 2:00 pm
- Next Meeting: February 8th



Health Care Re-Design



The subcommittee is to develop recommendations for the MCAC on strategies to achieve the five State Health Innovation Plan (SHIP) goals. These recommendations would be informed by input from beneficiaries and their families, providers and other stakeholders and, guided by data and strategies outlined in the SHIP, Healthy People 2020, and District of Columbia Community Health Needs Assessment. Output from the committee will address what specific changes are needed in the Medicaid program to help integrate community health, social services, behavioral health and medical care; strategies to engage beneficiaries and their families in care decisions, and approaches to leverage resources and collaboration across private sector, government, and non-government entities.

- Chair: Marie Morilus Black
- Staff Liaison: Jordan Kiszla
- Meets 1st Wednesday of every other month
- Next Meeting: February 1st

FY 2023 Meeting Schedule

	Medical Care Advisory Committee	Access Subcommittee	Eligibility & Enrollment Subcommittee	Health Care Re- Design Subcommittee	Long-Term Services & Supports Subcommittee
	Fourth Wednesday of every other month 5:30 pm - 7:30 pm	Second Wednesday of every other month 9:30 am - 11:00 am	Third Wednesday of every other month 3:00 pm - 4:30 pm	First Wednesday of every other month 4:00 pm - 5:30 pm	Second Wednesday of every month 12:00 pm - 2:00 pm
<u>2022</u>					
October					
November	November 30 th Executive Session				
December		December 7 th			
<u>2023</u>					
January	January 25 th		January 18 th		January 11 th
February		February 8 th		February 1 st	February 8 th
March	March 22 nd		March 15 th		March 8 th
April		April 12 th		April 5 th	April 12 th
May	May 24 th		May 17 th		May 10 th
June		June 14 th		June 7 th	June 14 th
July	July 26 th		July 19 th		July 12 th
August		August 9 th		August 2 nd	August 9 th
September	September 27 th		September 20 th		
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Announcements and Public Comments

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